

**DO NOT SERVE OR SHOW THIS SHEET TO THE RESTRAINED PERSON****COURT CLERKS: Give this form to Law Enforcement.**

Case Number

**DO NOT FILE in the court file.**☐ Domestic Violence☐ Dissolution/Separation/Invalidity/Nonparental Custody/Paternity☐ Antiharassment**LAW ENFORCEMENT INFORMATION**

This completed form is required by law enforcement. This information is **necessary** to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible. Type or print only.

**RESTRAINED PERSON'S INFORMATION**

Name of Restrained Person (Last, First, Middle)

Drivers License or ID Number (specify type)

Nickname

Sex

Race

Birth date

Height

Weight

Eye Color

Hair Color

Skin Tone

Build

Relation to Protected Person

Last Known Address (Street, City, State, Zip)

Home Phone

Interpreter Required?  
Language:

Other Address (Street, City, State, Zip), if any:

Employer

Employer's Address

WORK

Hours:

Phone:

Vehicle License Number

Vehicle Make and Model

Vehicle Color

Vehicle Year

**PROTECTED PERSON'S INFORMATION**

Name of Protected Person (Last, First, Middle)

Sex

Race

Birth date

If your information ***is not confidential***, enter your address and phone number(s).

Current Address (Street, City, State, Zip)

Phone

If your information ***is confidential***, you may provide the name, address and phone number of someone willing to be your "contact."

Contact Name

Contact Address

Contact Phone

**MINOR'S INFORMATION**

Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →

Minor's Relationship to  
Protected      Restrained  
Person          Person

Minor's Name (Last, First, Middle)

Sex

Race

Birth date

Resides With


**HAZARD INFORMATION**

Weapons

Guns/Rifles

Knives

Explosives

Other

Location of Weapons:

Describe in detail:

Vehicle ☐On Person ☐Residence ☐**CURRENT STATUS (For DV Orders Only) (circle)**

Are you and the restrained person living together right now?

Does the restrained person know you are trying to get this order?

Does the restrained person know he/she may be moved out of home?

Is the restrained person likely to react violently when served?

Restrained Person's History Includes:

☐ Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) ☐ Assault ☐ Assault with Weapons☐ Alcohol/Drug Abuse☐ See Reverse For Additional Information

Prepared by:

Date